## PART B - FEE(S) TRANSMITTAL

plete and sond this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE APR 23 2007

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

SUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate and the first indicated unless correct maintenance fee notification	correspondence including ted below or directed of attentions.	ng the Patent, advance of herwise in Block I, by (a	rders and notification of r	naintenance fees will be spondence address; and/or	mailed to the current r (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPOND	DENCE ADDRESS (Note: Use B	lock I for any change of address)	Not Fee pape have	e: A certificate of mailing (s) Transmittal. This certifiers. Each additional paper e its own certificate of mai	g can only be used for licate cannot be used for such as an assignmentaling or transmission.	r domestic mailings of the or any other accompanying nt or formal drawing, must
23595	7590 02/20	0/2007				
900 SECOND A SUITE 820	MERSEREAU, P.A AVENUE SOUTH	<b>A</b> .	I he Stat addi tran	reby certify that this Fee( es Postal Service with suf ressed to the Mail Stop smitted to the USPTO (57	e of Mailing or Transis) Transmittal is being Ticient postage for firs ISSUE FEE address 1) 273-2885, on the de	inission (specific deposited with the United t class mail in an envelope above, or being facsimile ate indicated below.
MINNEAPOLI	S, MN 55402			Barbara L.	Davis	(Depositor's name)
٠ 4				Bastale	L Davis	(Signature)
				April 20,	2007	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.
10/797,948	03/11/2004		Stephen T. Anderson		20030087.ORI	4842
TITLE OF INVENTION	N: METHOD OF OPTIM	IZING PATIENT OUTC	OME FROM CARDIAC F	84/24/2007 ML	THERAPY JULDGEZ UCCOCCOC 1	0/97948
				01 FC:2501 02 FC:15M4		700.00 OP
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID IS SEED TEE	TOTAL FEE(S) DUE	3.00 00 DOUE 3.00 TO
nonprovisional	YES	\$700	\$300	\$0	\$1000	05/21/2007
EXAN	MINER	ART UNIT	CLASS-SUBCLASS	]		
WU, EUGENE TONG		3766	607-018000	•		
1. Change of correspond CFR 1.363).	lence address or indicatio	n of "Fee Address" (37	2. For printing on the p		,NTKOLA	I & MERSEREA
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
Address form P10/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form						
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.						
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON T	THE PATENT (print or type	oc)		
PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee	data will appear on the part of the part o	atent. If an assignce is ic	dentified below, the de	ocument has been filed for
(A) NAME OF ASSI				and STATE OR COUNT		
CRA A	SSOCIATES,	LTD.	North Oaks	s, Minnesota		
Please check the approp	riate assignee category or	categories (will not be pr	inted on the patent):	Individual & Corporati	ion or other private gro	up entity Government
4a. The following fee(s)	are submitted:	4t	o. Payment of Fee(s): (Plea	se first reapply any prev	iously paid issue fee s	shown above)
☑ Issue Fee			A check is enclosed.			
Publication Fee (No small entity discount permitted)  Advance Order - # of Copies 1			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08=1265 (enclose an extra copy of this form).			
Advance Order -	# of Copies		overpayment, to Depo	sit Account Number 08	=1265 (enclose ar	n extra copy of this form).
	itus (from status indicate	•				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. $\sqcup$ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office

**Authorized Signature** 

Date April 20, 2007

С. G. Mersereau Typed or printed name

Registration No. 26,205

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.